

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049084

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 296

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 31 1963

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Washington b. COUNTY Whatcom	
b. CITY (If outside corporate limits, give TOWNSHIP only) Moberly, Missouri		c. CITY OR TOWN Bellingham	
Length of stay in 1b 1 Year		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Community Hospital		d. STREET ADDRESS (If outside, give location) Leopold Hotel	
HOSPITAL OR INSTITUTION 319 Grand St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Lenore Powell		4. DATE OF DEATH Month 12 Day 26 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-19-1877
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 12 Days 26 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Macon Missouri		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME John M. London		13b. MOTHER'S MAIDEN NAME Nancy Fletcher	
14. NAME OF HUSBAND OR WIFE Dr I. W. Powell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs M.O. Slater 719 W. Rollins Moberly Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) InN Inanition and Debilitation DUE TO (b) Senile Arteriosclerosis DUE TO (c) Auricular Fibrillation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH Months Years Months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11-29-63 a.m. 12-26-63 p.m. 12-26-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Moberly		COUNTY Missouri STATE Missouri	
21. I attended the deceased from 11-29-63 to 12-26-63 and last saw her him alive on 12-26-63 Death occurred at 11:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W.H. McComish D.O.	
22b. ADDRESS 322 1/2 Reed St. Moberly Mo.		22c. DATE SIGNED 12-27-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-29-1963	
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		23d. LOCATION (City, town or county) (State) Moberly Missouri	
24. FUNERAL DIRECTOR Mahan Funeral Service Moberly, Missouri		25. DATE RECD. BY LOCAL REG. 12-27-63	
26. REGISTRAR'S SIGNATURE W. Paul White			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

180010-200

Permit number 12-28-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Russell N. France

Licensed Embalmer No.

4255

P. O. Address

Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.